SECRET
(When Filled In)

## RECOMMENDATION FOR HONOR OR MERIT AWARD (Submit in triplicate - see HR 20-37)

| SECTION A                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 | PERSON                      |          | 1                         |                      |                |                    | ·         |                |                                                |             |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------|-----------------------------|----------|---------------------------|----------------------|----------------|--------------------|-----------|----------------|------------------------------------------------|-------------|--|--|
| I. EMP.SER.NO. 2.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             | ddle)    |                           |                      |                | TION TO            |           | 4. GR          | _ 1                                            |             |  |  |
| 059090                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             |          |                           | C/AP/ORD/DD/S&T 16 R |                |                    |           |                |                                                |             |  |  |
| 6. OFFICE OF ASSIG                                        | NMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3486                                 | II iiqo,        |                             |          |                           |                      |                | TION               |           |                |                                                |             |  |  |
| ORD 9. HOME ADDRESS (A                                    | 64 614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 -                                  | • 1             | X HEAD                      |          | O. HOME                   |                      |                |                    | TIZENSH   |                | IOW ACQUI                                      | PED         |  |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 | . 2003                      |          |                           |                      | , i            | •                  |           | irth           | •                                              |             |  |  |
| 6212 Maidel                                               | Lane,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Be thesua,                           | Mu              | ., 2000                     | 3. IF R  | ETIRING.                  |                      |                |                    |           |                | UMOUS .                                        | -           |  |  |
| Intelligen                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l of Merit                           |                 | ]                           |          | Nove                      |                      |                |                    | <b>—</b>  | YES            | X No                                           |             |  |  |
| 11 LETTIGETT                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 116.                                 | RELAT           | ONSHIP 17                   |          |                           |                      |                |                    | te, ZIP   | Code)          | 18. HOME                                       |             |  |  |
| Wilma M.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Wif             |                             |          |                           |                      |                |                    |           |                | 656-2                                          | 2127        |  |  |
| SECTION B                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENDATION FOR                         |                 |                             |          |                           |                      |                |                    |           |                | <u>.                                      </u> |             |  |  |
| 19. WERE YOU AN EX                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Y               |                             | ******** |                           |                      |                |                    |           |                |                                                |             |  |  |
| PERSONNEL IN IMM                                          | EDIATE VIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INITY OR WHO                         | ASSIS           | TED IN AC                   | T OR SI  | HARED II                  | MAR N                | E HA           | ZARD:              |           |                | ***************                                |             |  |  |
| 20. FULL NAME                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 | •                           |          | GN. TIT                   |                      |                |                    | 23. OFF   | ICE OF         | SSIGNMEN                                       | ıT·         |  |  |
|                                                           | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                 | <del>-</del>                | 1        | •                         |                      |                | 1                  |           | 1              |                                                |             |  |  |
| 12                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             | 1        |                           |                      |                | l                  | -         | · · · · · ·    |                                                | -           |  |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             |          |                           |                      |                | 200                |           |                | .:                                             |             |  |  |
| LIST ANY OF THE                                           | ABOVE PERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ONS GIVEN AN                         | AWARD           | OR RECOM                    | MENDED   | FOR AWA                   | ARD F                | OR P           | ARTICI             | PATING    | IN ACT         | :                                              |             |  |  |
| 24. FULL NAME                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             | 25. AW   | ARD RECO                  | MMEND                | ED             |                    |           |                |                                                |             |  |  |
|                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                 |                             | 1        |                           |                      |                |                    | •         |                |                                                |             |  |  |
| 10                                                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                 |                             | <u>}</u> |                           |                      |                |                    |           |                |                                                |             |  |  |
| CONDITIONS UNDER                                          | WHICH ACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WAS PERFORME                         |                 |                             |          |                           |                      |                |                    |           |                |                                                |             |  |  |
| 26. LOCATION                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | 27.             | INCLUSIVE (                 | DATES    |                           | 28                   | TIM            | E OF D             | <b>NY</b> | 4              |                                                |             |  |  |
| 29. PREVAILING GE                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 | E ENCOUNT                   | EDED     |                           |                      | <u>·</u>       | Pi                 | THOL      | TO CI          |                                                |             |  |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                    |                 |                             |          | •                         |                      | . ((           | Do                 | Not Re    | I.Use Caproduc | 9)                                             |             |  |  |
| 30. DATES FOR WHI                                         | CH AWARD RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMENDED                            | 31.             | ASSIGNME                    | NT COMP  | T                         |                      | 32. N          |                    | AME OR    | 1 1            | ASSIGNME                                       | ENT         |  |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 | YES                         |          | K0                        |                      | ير م           | YES                | WAF       |                | *O                                             |             |  |  |
| SECTION C                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENDATION FOR A                       |                 |                             |          | , SERVI                   |                      | )K PE          |                    | MUE       |                | <del></del>                                    |             |  |  |
| 33. DO YOU HAVE P                                         | ERSONAL KNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WLEDGE OF THE                        | ERVIC           | E OR PERFO                  | RMANCE   | 00 85050                  | YES                  |                | NO                 | _         |                | <del> </del>                                   | <del></del> |  |  |
| B •                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             | ERVICE   | OK FERFO                  | RMANL                | _              |                    |           |                |                                                |             |  |  |
| Chiei, A                                                  | pplied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Physics D                            | 1 V 1S          | 00)                         |          |                           |                      |                |                    |           |                | 9                                              |             |  |  |
| Office C                                                  | f Pacas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rch and D                            | eve             | lopment                     |          |                           |                      |                | 1.1                |           |                |                                                |             |  |  |
| 36. DUTIES AND RE                                         | SPONSIBILIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IFS OF ASSIGNE                       | POSI            | TION                        | 1.1      |                           |                      |                |                    |           |                | <u></u>                                        |             |  |  |
| 30. DOLLES YND W                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                 |                             |          |                           |                      |                |                    |           |                |                                                | 4           |  |  |
| Direct e                                                  | ££~~+~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of 10 pro                            | fess            | sional                      | resea    | arch a                    | and                  | des            | elor               | ment      | scie           | ntist                                          | s.          |  |  |
|                                                           | IIOILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OT TO PLO                            |                 |                             |          |                           |                      |                |                    |           |                |                                                |             |  |  |
| D22300                                                    | liorts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01 10 pro                            |                 | -                           |          |                           | •                    |                |                    |           |                |                                                |             |  |  |
|                                                           | ilorts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or to pro                            |                 | -                           |          |                           |                      |                |                    | •         |                |                                                |             |  |  |
|                                                           | <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | 38.             | ASSIGNME                    |          |                           | ,                    |                |                    | SAME OR   | ,              | ASS I GNMI                                     | ENT         |  |  |
| 37. INCLUSIVE DA                                          | ES FOR WHIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | H RECOMMENDED                        | T               |                             |          |                           | ,                    |                |                    | SAME OR   | RELATED        | ASS I GNMI                                     | ENT         |  |  |
| 37. INCLUSIVE DATE NOV. 195                               | es for which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ch recommended                       | 38.<br>X        | ASS I GNME                  | NT COMP  | LETED                     |                      | 39. N          | OW IN              |           | RELATED        |                                                | ENT         |  |  |
| 37. INCLUSIVE DA                                          | es for which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ch recommended                       | 38.<br>X        | ASS I GNME                  | NT COMP  | LETED                     | OR F                 | 39. N<br>PERFO | OW IN              |           | RELATED        |                                                |             |  |  |
| 37. INCLUSIVE DATE NOV. 195                               | es for which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ch recommended                       | 38.<br>X        | ASS I GNME                  | NT COMP  | LETED<br>NO<br>SERVICE    | OR F                 | 39. N<br>PERFO | OW IN              |           | RELATED        | но                                             |             |  |  |
| 37. INCLUSIVE DATE NOV. 195                               | es for which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ch recommended                       | 38.<br>X        | ASS I GNME                  | NT COMP  | LETED<br>NO<br>SERVICE    | OR F                 | 39. N<br>PERFO | OW IN              |           | RELATED        | но                                             |             |  |  |
| NOV. 195 PERSONNEL WHO A                                  | es for which the second of the | CH RECOMMENDED  O. 1970  CONTRIBUTED | X<br>X<br>SUBST | ASSIGNME<br>YES<br>ANTIALLY | TO THE   | MO<br>SERVICE<br>RGN. TIT | OR F                 | 39. N<br>PERFO | OW IN: YES PRMANCE | 43. OF    | RELATED        | ASS I GNMEN                                    |             |  |  |
| 37. INCLUSIVE DATE NOV. 195                               | es for which the second of the | CH RECOMMENDED  O. 1970  CONTRIBUTED | X<br>X<br>SUBST | ASSIGNME<br>YES<br>ANTIALLY | TO THE   | NO<br>SERVICE<br>RGN. TIT | OR F                 | 39. N<br>PERFO | OW IN: YES PRMANCE | 43. OF    | RELATED        | ASS I GNMEN                                    |             |  |  |
| NOV. 195 PERSONNEL WHO A                                  | es for which the second of the | CH RECOMMENDED  O. 1970  CONTRIBUTED | X<br>X<br>SUBST | ASSIGNME<br>YES<br>ANTIALLY | TO THE   | MO<br>SERVICE<br>RGN. TIT | OR F                 | 39. N<br>PERFO | OW IN: YES PRMANCE | 43. OF    | RELATED        | ASS I GNMEN                                    |             |  |  |
| 37. INCLUSIVE DATE NOV. 195 PERSONNEL WHO A 40. FULL NAME | es for which the second of the | CH RECOMMENDED  O. 1970  CONTRIBUTED | X<br>X<br>SUBST | ASSIGNME<br>YES<br>ANTIALLY | TO THE   | NO<br>SERVICE<br>RGN. TIT | OR F                 | 39. N<br>PERFO | OW IN: YES PRMANCE | 43. OF    | RELATED        | ASS I GNMEN                                    |             |  |  |

14-00000

SECTION D

## HARRATIVE DESCRIPTION

Award for Heroic Action or Acceptance of Hazard: Was act voluntary? Describe why act was outstanding, and if it was more than normally expected. Explain, why, and how. If an aerial or marine operation, describe type and position of craft, crew position of individual, and all unusual circumstances. Indicate results of the act. Enclose unclassified citation.

Award for Achievement, Service, or Performance: State character of service during period for which recommended. (Give complete description of administrative, technical, or professional duties and responsibilities if not covered in Section C; include dates of assignment and relief.) What did the Individual do that merits the award? Why was this outstanding when compared to others of like grade and experience in similar positions or circumstances? If appropriate, include production records and assistance rendered by other persons or units. What obstacles were encountered or overcome? Indicate results of achievement, service, or performance. Include reference to Fitness Reports, Letters of Commendation, or other documentation already on file which supports this recommendation. Enclose unclassified citation.

Mr. David L. Christ is recommended for the Intelligence Medal of Merit in recognition of his career of especially meritorious service which has contributed significantly to the missions of CIA.

Mr. Christ joined CIA in November of 1950 as the first research and development electronics engineer in what has evolved as TSD. He created an Applied Physics Branch setting high standards for himself and the R&D engineers he recruited. His accomplishments included the anti-disturbance mine and the time pencil, both of which are still Agency stock items, and an IR beacon. As a pioneer in audio surveillance devices, he recognized very early that the use of systems concept would be most productive in meeting Agency needs. As part of his development program, his efforts led to the establishment of specialized contract facilities such as @aird Atomic) which in 1953 was the first Agency source of transistorized equipment. 4

In early 1957, Mr. Christ was made Chief of what is now the Audio Operations Branch of TSD and, realizing that a drastic upgrading of the caliber of field technicians was required, began aggressively recruiting and training graduate engineers. His high standards and efforts in this area are reflected in the fact that the majority of TSD Audio mid-management personnel were recruited by him. In September 1960, he and two associates were apprehended while on an operation in

CONTINUED ON ATTACHED SHEET

EYEWITHESS OR DOES NOT HAVE PERSONAL KNOWLEDGE OF THE ACT

| 46. | ENCLOSURES<br>OR PERFORMA | (Lia: | t individual. ATTACH AFFII | DAVITS OF | F EYEWITHESS | OR | INDIVIDUALS | HAVING | PERSONAL | KNOWLEDGE | OF | THE | FACTS.  |  |
|-----|---------------------------|-------|----------------------------|-----------|--------------|----|-------------|--------|----------|-----------|----|-----|---------|--|
|     | 1. PROPOSED               | CIT   | AT ION                     |           |              |    |             |        |          |           |    | •   | -       |  |
| •   | 2.                        |       |                            |           |              |    |             |        | •        |           |    |     |         |  |
|     | 3.                        | •     | •                          | "2        |              |    |             |        |          |           | ٠. |     | · ( · : |  |

| 47. RECOMMENDATION INITIATED BY            | 48. TITLE AND SIGNATURE OF ENPLOYEE MAKING RECOM-           | 49. DATE   |
|--------------------------------------------|-------------------------------------------------------------|------------|
| Robert M. Chapman                          | Director of Research and<br>Development                     | 2 NOV 1970 |
| SECTION E RECOMMENDATION FORWARDED         | THROUGH OFFICIALS CONCERNED FOR THEIR INFORMATI             | ON         |
| 50.  HEAD OF                               | Carl E. Duckett, Deputy Director for Science and Technology | DATE       |
| 51.<br>DEPUTY DIRECTOR OF CAREER SERVICE   | Carl E. Duckett, Deputy Director for Science and Technology | DATE       |
| 52. DEPUTY DIRECTOR OF OPERATING COMPONENT | Carl E. Duckett, Deputy Director for Science and Technology | DATE       |

**SECRET** 

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Section D (Cont'd)

a denied area. His exemplary conduct and personal courage during the resulting two and one-half years incarceration permitted the maintenance of a very difficult cover situation and successful extraction of all three men.

Upon his return, Mr. Christ joined the Office of Research and Development soon after its inception, assisting in the definition and establishment of the various divisions. his early guidance, the over-the-horizon radar program developed finally into an operational system. His sensitivity to the needs of Agency operational elements based upon his experience, his technical expertise and his dedicated desire to broaden the technological capabilities of the Agency precipitated his development of a major coordinated program of accelerated R&D to provide the clandestine services with a number of new audio surveillance techniques of which the laser probe is an . example, and his conception and direction of the Microtechnology R&D program. Within this program, the success of the micropower transistor led to the award of Medals of Merit to two scientists under his supervision. Other progeny of the microtechnology concept are three novel intelligence gathering systems to function in the air, in space, and in the sea environments, one of which is approaching operational status. Mr. Christ has also been responsible for pioneering efforts in the area of Audio Surveillance Countermeasures, first proposing the application of computers to the problem.

Mr. Christ's imaginative leadership and inspiration to those working with him, his broad scope of interest, his resource-fulness, and philosophical devotion to the cause of the Agency and the United States have provided this Agency with an individual whose unique efforts and accomplishments over his 20 years service are worthy of this recognition.